



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

PHA

FOR DIVISION USE ONLY

Board of Pharmacy

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: BoardOfPharmacy@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfPharmacy

Pharmacist License Renewal

July 1, 2024 – June 30, 2026

- Your pharmacist license lapses after June 30, 2024. There is no grace period — it is illegal to work if your license has lapsed.
- Faxed or emailed applications will not be accepted.
- Make checks and money orders payable to the State of Alaska or use the attached credit card payment form.
- Plan on a 4–6-week processing time for correct and complete renewal applications.
- Once the renewal is processed, your license certificate will be available for printing via the MY LICENSE self-service portal.

PART I Payment of Fees

Renewal Fees:	<input type="checkbox"/> Biennial License Renewal <i>(For licenses first issued on or before June 30, 2023)</i>	\$100.00
	<input type="checkbox"/> Prorated License Renewal <i>(For licenses first issued on or after July 1, 2023)</i>	\$ 50.00

PART II Personal Information

Full Legal Name: Name change: <input type="checkbox"/>			Alaska Pharmacist License Number:	
<i>If you have had a legal name change since your last license was issued, you must complete a <u>Change of Name form</u>.</i>				
Mailing Address: Address change: <input type="checkbox"/>	P.O. Box or Street	City	State	Zip
Contact Phone:			Date of Birth:	
EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.				
Email Address:			Select One:	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
Note: If both boxes are selected above, you will receive correspondence electronically.				
SOCIAL SECURITY NUMBER: AS 08.01.100 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.				

PART III Independent Administration

Select ONE (1) of the following options:

- Option 1
- I administer vaccines and related emergency medications as permitted by AS 08.80.168 and certify I have completed at least one (1) hour of ACPE-approved education within the current licensing period as required by 12 AAC 52.320 and 12 AAC 52.992.
- and -
- I have obtained/maintained certification in adult and pediatric cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) training.
- Option 2: I do not administer vaccines or related emergency medication.
- Option 3: I do administer vaccines and related emergency medication but have not been licensed for at least 2 years. This continuing education requirement does not yet apply to me.

PART IV Statement of Compliance

By checking the appropriate box below, you are verifying your compliance with the continuing competency requirements of 12 AAC 52.300-350.

Check one of these boxes if your renewal application is postmarked on or before June 30, 2024:

- Licenses initially issued on or before June 30, 2022**
- I certify that I successfully completed the required 30 hours of continuing education in accordance with 12 AAC 52.320 between July 1, 2022, through June 30, 2024.
- or -
- Licenses initially issued between July 1, 2022 and June 30, 2023**
- I certify that I successfully completed the required 15 hours of continuing education in accordance with 12 AAC 52.320 between July 1, 2022, through June 30, 2024.
- or -
- Licenses initially issued on or after July 1, 2023**
- I have held my license for less than 12 months and am not required to obtain continuing education for this renewal only.

Random Audit

The board will audit a percentage of the certificate renewals. If your certificate is randomly selected for audit, you will be sent a letter and required to submit documentation and proof that you satisfied the continued competency requirements as you stated on this renewal form. Save your documents for at least four years to respond to any audits.

Continuing Education

Your license cannot be renewed unless you have met the continuing education requirements in Article 3 of 12 AAC 52.300-350. You may not claim hours for education not yet successfully completed as of the date of submitting this application unless 12 AAC 52.965 applies. Per 12 AAC 02.960(j), "successfully completed" means CE credit has been awarded.

PART IV Statement of Compliance (continued)

Late Renewal Applicants

Check one of these boxes if your renewal application is postmarked on or after July 1, 2024:

Licenses initially issued on or before June 30, 2022

I certify that I have successfully completed all hours of continuing education after July 1, 2022, but prior to submitting this renewal application. These hours were earned in accordance with 12 AAC 52.320. I understand I must submit documentation showing proof of completion of all continuing education required, in accordance with 12 AAC 52.310. Under 12 AAC 02.965, I understand that any hours I earned after June 30, 2024 may not be used for the subsequent renewal period.

I also acknowledge and certify that if I completed continuing education through June 30, 2022 as allowed by the board for the previous renewal, I have not counted any activity completed during that extension towards the requirements for this current renewal.

- or -

Licenses initially issued between July 1, 2022 and June 30, 2023

I certify that I successfully completed the required 15 hours of continuing education in accordance with 12 AAC 52.320 between July 1, 2023, through June 30, 2024.

I also acknowledge and certify that if I completed continuing education through June 30, 2022 as allowed by the board for the previous renewal, I have not counted any activity completed during that extension towards the requirements for this current renewal.

- or -

Licenses initially issued on or after July 1, 2023

I have held my license for less than 12 months and am not required to obtain continuing education for this renewal only.

- or -

I did not complete continuing education activity due to illness or other extenuating circumstances. As permitted by 12 AAC 52.330, I am requesting that the board approve an alternative continuing education schedule to complete this activity.

Alternate Completion Date Request:	
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I understand that checking this box does not guarantee board approval. If approved, I acknowledge I must send a copy of the continuing education certificates to the board before my license will be renewed. I have attached a letter of explanation.

PART V NABP CPE Monitoring Program

If randomly selected for audit, Board of Pharmacy staff will access your continuing education certificates within the National Association of Boards of Pharmacy's (NABP) CPE Monitoring Program. To assist staff with this process, enroll in this program for your certificates to be visible. Failure to enroll may result in being identified as not complying with the required activity.

I have read the above statement and confirm I have enrolled in NABP's CPE Monitor Program.

PART VII Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "yes" response to any question, you must provide an **explanation and documentation**. Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

All disciplinary decisions or convictions must be reported to the board within thirty days in accordance with 12 AAC 52.991. The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

When in doubt, disclose and explain.

Since the date your last Alaska license was issued or renewed:

1. Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?
 Yes
 No
2. Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including, but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine.
 Yes
 No
 - 2.a. If yes, did any convictions include any of the following as listed under 12 AAC 52.925?
 - (1) murder;
 - (2) manslaughter;
 - (3) criminally negligent homicide;
 - (4) assault;
 - (5) sexual assault;
 - (6) sexual abuse of a minor;
 - (7) unlawful exploitation of a minor, including possession or distribution of child pornography;
 - (8) incest;
 - (9) indecent exposure;
 - (10) robbery;
 - (11) extortion;
 - (12) stalking;
 - (13) kidnapping;
 - (14) theft;
 - (15) burglary;
 - (16) forgery;
 - (17) endangering the welfare of a child;
 - (18) endangering the welfare of a vulnerable adult;
 - (19) unlawful distribution or possession for distribution of a controlled substance; for purposes of this paragraph, "controlled substance" has the meaning given in AS 11.71.900;
 - (20) reckless endangerment

PART VII Professional Fitness Questions (continued)

3. Are you currently suffering from any condition, mental or physical, that impairs your judgement or that would otherwise adversely affect your ability to practice as a pharmacist in a competent, ethical and professional manner? Yes
 No

4. Do you use drugs or alcohol in any manner that impairs your ability to practice as a pharmacist competently and safely? Yes
 No

"Yes" Answers

If you answered "yes" to questions 3 or 4, in addition to your personal statement, you must submit a personal statement from yourself and a statement from your health care provider indicating your ability to safely practice as a pharmacist. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.



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Signature Page

Applicant Name:	
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PART VIII Agreement

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, certificate, or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Applicant Signature:		Date Signed:	
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PHA Information

LICENSE TERM:

There is no “inactive” status. If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on June 30 of even-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be sent via email or mail at least 30 days before license expiration to the last known email or mailing address of record.

ALASKA PRESCRIPTION DRUG MONITORING PROGRAM (PDMP):

Mandatory registration for pharmacists dispensing federally scheduled II -IV controlled substances in the state began on July 17, 2017. Mandatory reporting for pharmacies dispensing these controlled substances also went into effect on this date. Additional information can be found at PDMP.Alaska.Gov

DISCIPLINARY DECISION OR CONVICTION REPORTING REQUIREMENT:

A licensee shall report in writing to the board any disciplinary decision, felony charges or criminal conviction issued against the licensee not later than 30 days after the date of the disciplinary decision, felony charges, or criminal conviction.

General Information

APPLICATION PROCESSING:

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will be issued. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

PROFESSIONAL FITNESS QUESTIONS:

A “yes” response in the application does not mean your application will be denied. If you have responded “yes” to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

RANDOM AUDIT:

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. Licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

SOCIAL SECURITY NUMBERS:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form (#08-4372) located at ProfessionalLicense.Alaska.Gov or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

PUBLIC INFORMATION:

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at ProfessionalLicense.Alaska.Gov under License Search.

ABANDONED APPLICATIONS:

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

PAYMENT OF CHILD SUPPORT:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program are available by written request or online at the division's website:
ProfessionalLicense.Alaska.Gov

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the specific program you want to be updated on to the address below.

Regulations Specialist
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
EMAIL: *RegulationsAndPublicComment@Alaska.Gov*

Continuing Education

12 AAC 52.320. CONTINUING EDUCATION REQUIREMENTS FOR PHARMACISTS. (a) Except as provided in (c) of this section, an applicant for renewal of a pharmacist license shall certify having completed 30 contact hours of continuing education accepted by the board under 12 AAC 52.340(a) during the concluding license period.

(b) This section does not prevent the board from imposing additional continuing education requirements under its disciplinary powers.

(c) An individual who is applying for renewal of a pharmacist license for the first time shall certify having completed one half of the continuing education requirements in (a) of this section for each complete 12-month period that the applicant was licensed during the concluding license period.

(d) An applicant for reinstatement of a pharmacist license that has expired shall certify that the applicant completed the continuing education requirements in (a) of this section before applying for reinstatement.

12 AAC 52.330. ALTERNATIVE CONTINUING EDUCATION SCHEDULE. An individual licensed under AS 08.80 may apply to the board for an alternative schedule of continuing education if the individual's failure to meet the continuing education requirements in 12 AAC 52.320 is due to illness or other extenuating circumstances.

12 AAC 52.340 APPROVED PROGRAMS. (a) The following programs will be accepted by the board as continuing education for pharmacists and pharmacy technicians under 12 AAC 52.320 and 12 AAC 52.325:

- (1) any program presented by a provider accredited by the ACPE;
- (2) cardiopulmonary resuscitation(CPR) courses presented by the American Red Cross or the American Heart Association that lead to CPR certification; the board will accept no more than one contact hour of continuing education credit in a 24-month period for completion of a CPR course.

(b) The following programs will be accepted by the board as continuing education under 12 AAC 52.325, when the subject contributes directly to the professional competency of a pharmacy technician and is directly related to pharmacy principles and practice:

- (1) any program presented or approved by the Alaska Pharmacists Association;
- (2) any program presented or approved by the Pharmacy Technician Certification Board (PTCB) or the National Pharmacy Technician Association (NPTA).

(c) An individual who presents an approved continuing education program may receive credit for the time spent during the actual presentation of the program. An individual may not receive credit for the same presentation more than once during a licensing period.

12 AAC 52.350. AUDIT OF RECORDS BY THE BOARD. (a) The board will randomly audit renewal applications for verification of reported continuing education contact hours. To conduct an audit under this section, the board will access and evaluate continuing pharmacy education data reported to the ACPE-NABP CPE Monitor Service during the time period audited.

(b) Upon written request, a pharmacist or pharmacy technician shall provide the board with a copy of each certificate of completion for the continuing education units not reported to the ACPE-NABP CPE Monitor Service during the time period audited by the board.

(c) If the board disallows any continuing education contact units reported on behalf of or by a pharmacist or pharmacy technician, the pharmacist or pharmacy technician shall

- (1) complete the number of disallowed contact hours in an approved program and report the completion to the board no later than 90 days after the date the board sends notification of the disallowed contact hours; and
- (2) provide the board with copies of certificates of completion for all continuing education units
 - (A) not reported to the ACPE-NABP CPE Monitor Service; and
 - (B) completed for the next two licensing periods.

(d) A pharmacist or pharmacy technician who submits to the board a false or fraudulent record relating to the pharmacist's or pharmacy technician's satisfaction of a continuing education requirement under 12 AAC 52.320 or 12 AAC 52.325 is subject to disciplinary action by the board.

(e) In this section,

- (1) "ACPE-NABP CPE Monitor Service" means the electronic tracking service of the ACPE and the National Association of Boards of Pharmacy for monitoring continuing pharmacy education that pharmacists and pharmacy technicians receive from participating providers;
- (2) "certificate of completion" means a certificate or other document that
 - (A) is presented to a participant upon successful completion of a continuing education program that is not reported to the ACPE-NABP CPE Monitor Service; and
 - (B) contains the following information:

- (i) the name of the participant;
- (ii) the title and date of the program;
- (iii) the name of the accredited provider;
- (iv) the number of contact hours or continuing education units awarded;
- (v) a dated, certifying signature of the accredited provider;
- (vi) for a pharmacist renewal, the assigned ACPE universal program number.

CPE Monitor & You

Have you setup your NABP e-Profile for the CPE Monitor™ service to ensure your ACPE-accredited CPE units are properly tracked for licensure? Visit MyCPEmonitor.net and create a profile.



What is CPE Monitor?

A national collaborative effort between the National Association of Boards of Pharmacy® (NABP®), the Accreditation Council for Pharmacy Education (ACPE), and accredited CPE providers, the CPE Monitor service will allow you to easily track your ACPE-accredited continuing pharmacy education (CPE) units electronically.

Many ACPE-accredited CPE providers are now requiring pharmacists and technicians to submit their NABP e-Profile ID, plus their birth date (mm/dd), to receive credit for completed CPE. Participation data will be sent electronically from the provider to ACPE, then to NABP for recording into the matching e-Profile. See CPE Monitor FAQs on the reverse side of this flyer for additional information.

What are the benefits of CPE Monitor?

- Streamlines the reporting and compliance verification process.
- In 2013, the service will make available the CPE data to boards of pharmacy who request information on licensee CPE as part of their compliance activities.
- Eliminates paper forms and the need to submit paper copies of CPE statements of credit for ACPE-accredited activities in most jurisdictions.
- NABP e-Profile will store a comprehensive list of your CPE activities completed and will allow you to verify compliance with CPE requirements. To accomplish this, each e-Profile must contain complete and accurate information. Any errors in the e-Profile may result in unrecorded or mis-recorded CPE, with possible adverse consequences for licensees when renewing their licenses. Using the SSN as the unique national identifier for each individual will help NABP to ensure the required level of accuracy for your e-Profile.
- All information is maintained in a highly secure environment.

Please note: Initially, CPE Monitor will not track CPE from non-ACPE-accredited providers. Until this feature is added in Phase 2, non-ACPE-accredited CPE will need to be submitted directly to the board of pharmacy.

CPE Monitor FAQs

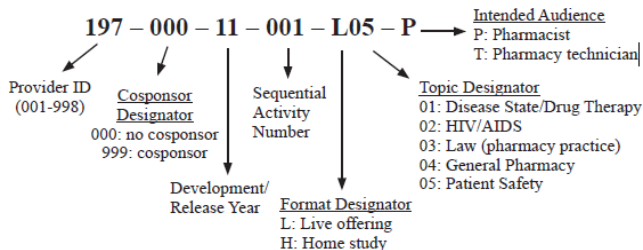
Launched in early 2011, CPE Monitor is a national online continuing pharmacy education (CPE) tracking service that will authenticate and store data for completed CPE units received by pharmacists and pharmacy technicians from ACPE-accredited providers. The service is beginning to store CPE data and is expected to be fully operational by early 2012. All ACPE-accredited CPE providers are anticipated to have transitioned their systems to CPE Monitor by the end of 2012.

Frequently Asked Questions

Q: What information will be contained in a continuing pharmacy education record in CPE Monitor?

A: Similar to statements of credit, information for a given CPE activity will include:

- Name of the learner
- Date of completion
- CPE activity title
- CPE activity type [i.e., Knowledge (K), Application (A), or Practice (P)]
- Contact hours or CEUs awarded
- Universal Activity Number (UAN), which contains the following components:



Q: How will pharmacist and pharmacy technician CPE credit be differentiated in CPE Monitor?

A: For CPE activities developed and offered to meet the educational needs of pharmacists, the designation “P” will be used in the UAN (eg, 197-000-11-001-H01-P).

For CPE activities developed and offered to meet the educational needs of pharmacy technicians, the designation “T” will be used in the UAN (e.g., 197-000-11-001-H01-T).

Note: If a pharmacy technician participates in a CPE activity designated for pharmacists, the technician’s CPE record will display the “P” designation. It will be for the individual boards of pharmacy to determine if pharmacist-designated CPE activities meet the CPE requirements for pharmacy technicians.



NABP (National Association of Boards of Pharmacy) is an impartial professional organization that supports the state boards of pharmacy in creating uniform regulations to protect public health.



ACPE (Accreditation Council for Pharmacy Education) is the national agency for the accreditation of professional degree programs in pharmacy and providers of continuing pharmacy education with the mission to assure and advance excellence in education for the profession of pharmacy.



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Professional Licensing

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Email: License@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov

Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form only to explain and document any professional fitness “yes” answers. A “yes” answer is not necessarily disqualifying but concealing one may be.

Each “yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include, but not be limited to, suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are public records. If you believe that the additional information you are attaching to explain a “yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state law.



Write the professional fitness question number you are answering “yes” to in the box.

Location of Incident:		Date of Incident:	
Explanation of Incident: When in doubt, disclose and explain. <i>Make copies as necessary.</i>			

Did you attach all applicable documents associated with this incident?

- Court Orders
 Consent Agreements
 Disciplinary Actions
 Charging Documents
 Court Records
 Fitness to Practice
 All Other Documentation Related to This Incident
 I have additional incidents for this “yes” answer, or “yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

Full Name:		Program:	
Signature:		Date Signed:	



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Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Profession Type (e.g., Acupuncture): _____

License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

AMOUNT

Application Fee: _____

License or Renewal Fee: _____

Other (fine, exam, etc.): _____

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/06/2022

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

<p>1. Credit Card Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Security Code: _____</p>	<p>All 3 fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>
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